

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101749726 FILING DATE

APPLICANT(S)

12/10/85

CLAIMS

AS FILED	AFTER		AFTER			
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			17			

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					